

An Individual Focused Approach in Oncology: Motivational Interview*

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Abstract

Integration of self-management into patient care has a place in patient-centered approach which is encouraging in achieving self-care and determinant of personal requirements. Individual focused approach is mentioned to result in better findings in directing patients to behavior changes. Efficiency of motivational interview on oncology has been shown in other studies which suggested that motivational interview can be applied in life style changes such as diet and exercise during cancer treatment process, that it is a cost-effective method for increasing the efficacy of monitoring programs, preventing and controlling cancer and may also be used as a “give up smoking” attempt for patients with cancer. The motivational interview method may be used in early diagnosis and treatment of cancer, in providing life style changes and in strengthening self-management of the patient.

Keywords

Motivational Interviewing, Cancer, Nursing

Subject Areas: Nursing, Oncology

1. Introduction

Self-management in chronic diseases is important for improving health care [1] [2]. The role of self-management is accepted to be very important in care management towards survival in cancer because it is a chronic disease [3] [4].

Integration of self-management into survival-oriented care is in accordance with individual focused approach. Individual focused approach is encouraging the patients to actively join their own care and is the determinant of

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requirements [5].

Several unfavorable effects of cancer associated with its chronic and clinic condition can be ameliorated with medical procedures, behavior and life-style changing for which active participation of the patients in care is needed. Motivation has an important role in active participation of the patients in care [6]-[9].

Behavior changing is difficult, and requires time, effort and motivation. Besides, conflict in behavior change is a common problem in health care [10].

Health care professionals traditionally try to encourage the patient by giving advices directly in a way of convincing them for behavior change.

Although this may help in some of the patients, there is not strong evidence about giving advices for life-style changes. It is successful in 5% - 10% only. Conversely, individual focused approaches are found to result in favorable consequences in directing patients to behaviour changes. On the basis of this approach, most of the speech done by the patients and an interactive communication are the point of this communication between patient and expert [10].

Motivational interview as individual focused approach increases inner motivation by explaining and solving ambivalence (dilemma) [11] [12].

2. Motivational Interview and Cancer

Motivational interview was developed from treatment experiences of Miller in problematic alcoholics and it was detailed by Miller and Rollnick. It has support for collaboration, awareness and individual autonomy. The focus point of this approach is not on the way by "I will change you", it is like "I can help you if you want to change". By this aspect, it is different from other therapy approaches.

On the basis on motivational interview, 4 principles take part as:

- 1) Expressing empathy,
- 2) Emphasizing conflict,
- 3) Working with resistance and
- 4) Supporting self-adequacy [10] [12]-[14].

Emphatic style is the fundamental of motivational interview. The attitude under this empathy principle is espousal. By projective listening, the consultant investigates patient's feelings and point of view without criticizing or blaming. This kind of espousal is not the same with agreeing with the idea or acceptance. It is the understanding someone's point of view without agreeing him/her. To emphasize the empathy, a warm, supportive, respectful and interested approach is mentioned. It is the effort of understanding other's struggle to tell. Empathy and projective listening are the rules of whole interview from the beginning [13] [15].

Emphasizing the conflict is revealing those conflicts in the patient's mind [13] [15]. Working with resistance is providing a new acceleration for the change of the patient. The resistance of the person is turned towards change.

Unwillingness and conflict is not perceived as coming out against but it is accepted as natural and clear. Consultant does not insist on having new points of view, the person is invited to think new ideas and recommended new ones.

Self-adequacy is the key factor of change. It is the other part of the change for personal responsibility, the person's assumption of being adequate to do the change. We may help the individual recognize he/she has a serious problem by successfully applying these four principles [13] [15].

Being ready for the change is not seen as a patient characteristic in the spirit of motivational interview according to Rollnick and Miller. However, it is accepted as a product of interpersonal communication and motivation is the condition of arousing the patient than pushing him. Solving the individual's own conflicts is the duty of the client, not of the consultant. The task of the consultant is directing the patient to help him/her know and solve the conflicts [10].

This kind of interview method makes a change in conversation by empathy, projective listening, emphasizing asking open-ended questions instead of closed ones, it points out the client's conflicts between values and behaviors while improving self-benefits and having a role without conflicting with resistance [16].

Motivational interview is not based on a theory. However, it is consistent with theories such as Social Cognitive Theory, Health Belief Model and Decision Balance. Motivational interview has been associated with trans-theoretical change model. Trans-theoretical model provides a frame to understand the changing process while

motivational interview serves the methods to help enable this changing process [10].

Motivational interviews are efficient in short interviews lasting for 15 minutes. More than one interview increase the efficacy and makes the method more applicable [17]-[25].

In a meta-analysis including 72 randomized controlled studies on diet, exercise, diabetes mellitus (DM), drug addiction the efficacy of motivational interview was compared and the efficiency was shown in 74% of the studies. On all of these studies, no harmful or side effects of motivational interview were demonstrated. In 94% of the studies, individual interview was used. Three forth of the resting studies used group therapy, one used telephone interview resulting in no positive impact. The duration of individual consulting sessions was 60 minutes. Of the studies, 81% including motivational interview ended within 60 minutes were efficient, while the rate of efficiency was 64% in the sessions lasting less than 20 minutes [26].

The efficacy of one consulting session was 40% while more than 5 sessions led to 87% efficacy. The follow up period of the studies was 12 months. It was reported that increased follow up period resulted in increased efficiency of the study. In 75% of the studies, motivational interview was found to be more effective than traditional advising method. Psychologists, medical doctors, nurses, midwives and dietitians are involved among consulting health care professionals group [26].

Motivational interview has been found to have favorable effects on body mass index, total blood cholesterol, systolic blood pressure, blood-alcohol concentration and standard ethanol content [26], on alcohol issue, drug abuse, give up smoking, decreasing HIV risky behaviors, diet and exercise, hypertension, bulimia, increasing adherence in patient with DM [27], on changing attitudes of medicinal adherence of asthma patients [28], on increasing the adherence to antihypertensive medicine [29] and on quality of life of patients with heart failure [30].

Motivational interview was also found to be statistically efficient in oncology like other intervention areas in some studies. In a study, a motivational interview session was planned after two telephone interviews in the intervention group patients with cancer who were physically inactive and control group patients were not motivationally interviewed besides telephone interviews. Motivational interview was efficient in long-term survival of cancer in order to increase physical activity in 3rd and 6th months. In the same study, in the motivationally interviewed group, doing physical activity increased for those who had high self-efficiency compared with those who had low self-efficiency [31].

A motivational interview formed as telephone consulting including consumption of low fat, high amounts of fruits and vegetables and moderate physical activity in order to prevent weight gain in cancer patients under chemotherapy was applied in Djuric *et al.*'s study [32]. At the end of the study, low baseline carotenoid and fruit-vegetable consumption ratio significantly decreased. Intake of fruits and vegetables, physical activity and well-being towards cancer were found to increase. Motivational interview may be used in life style changes such as diet and exercise during chemotherapy.

Randomized controlled studies have shown that motivational interview is a useful method in health education in order to increase the cancer screening [33] and it could lead to increased rate of give up smoking in cancer patients when used as an intervention for giving up smoking [8].

Rollnick *et al.* [10] have developed brief strategies which are easily learned and which follow basic objectives of motivational interview to acquire needed skills for the health professionals who are lack of time and who spend a limited time with the patients.

3. Conclusion

Consequently, we may conclude that motivational interview may be suggested as a method increasing prove of efficiency, in providing behavior change for applying life style changing and in determining risks while doing early diagnosis and treatment of cancer for health professionals.

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